PRINTED: 07/09/2007 FORM APPROVED OMB NO. 0938-0391

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	JLTIPLE CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	COMPL	ETED
		09G172	B. WIN	G	06/2	29/2007
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHIP CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	rs	w o	00		
W 120	28, 2007 through Ji initiated using the fi however, as a resu incident reports and extend the survey protections. A rand was selected from males with various findings were based home and two day clients, residential, administrative staff investigations of un conducted. 483,410(d)(3) SER OUTSIDE SQUECI	sure that outside services	W 1.	20	2001 JUL 20 A II: 33	RECEIVED HEALTH REGULATION ANNINSTRATION
ARORATOR	Based on observation record review, the finding reach client the needs were mesample. (Client #3) The finding includes Observation at the at approximately 1: was participating in program identifying signs. Further observation at the observation at the cat approximately 1: was participating in program identifying signs. Further observation at the cat approximately 1: was participating in program identifying signs. Further observations able to identify community survival	day program on June 28, 2007 10 PM revealed that Client #3 a functional communication twenty community survival rvation revealed that Client #3 nineteen out of twenty signs independently.	ρg # 1 W 120	QMRP met with day program staf 29, 2007 and July 12, 2007 to mone # 3's progress in reference to his sleeping. The day program agree alternative vocational tasks, so the variety in activities, which will chim to be alert at al times. Ql continue to monitor the day progweekly basis. (See attachmen	excessive ed to add at there is encourage MRP will	6 29 2007
ABORATOR	_	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE
	7420	ney Styphe		President		7/17/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	SURVEY LETED
		09G172	B. WING	S	06/:	29/2007
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 159	Interview with the survey June 28, 2007 at a revealed that Client complete many of the because of his excinterview revealed Qualified Mental Re (QMRP) was verbawas sleeping excessorogram. Review of dated May 1, 2007 2007 at approximation each day that C and was unable to Further review of the progress note dated 2007 at approximating revealed "the days task was because for a different task was documented evider the month of May the facility staff aware the excessively. 483.430(a) QUALIF RETARDATION PRETARDATION PRETARD	taff of the day program on opproximately 1:30 PM, #3 is not often able to his janitorial training tasks essive sleeping. Further that in early June, the facility's etardation Professional lly made aware that Client #3 is ively while at the day f day program progress notes thru May 31, 2007 on June 28, rely 1:55PM revealed entires itent #3 was observed sleeping complete his training program. The Day Program Director's december June 5, 2007 on June 29, rely 11:30AM at the facility [Client #3] didn't perform a new as either trying to sleep or performed. There was not be to substantiate that during he day program made the hat the client was sleeping. The IED MENTAL ROFESSIONAL treatment program must be ated and monitored by a fardation professional.	W 12			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
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W 159	The findings included 1. Cross refer to Winform Client #3's In that he was sleeping program as evidence Observation of ever on June 28, 2007 at revealed that Client Clonidine HCL 0.1m Review of the medi 14, 2006 on June 28, 1:40PM revealed the hypertension and is 0.1mg by mouth for pressure managem License Practical Neat approximately 6:3 is prescribed Clonid hypertension twice a side effects included insomnia. Interview program on June 28 PM, revealed that Complete many of hecause of his exceeday. Further interview the facility's QMRP Client #3 was sleeping awar program staff that Cduring training. Further interviews was made awar program staff that Cduring training. Further interviews was sleeping excess was unable to comp	120. The QMRP failed to inter-Disciplinary Team (IDT) g excessively in the day ced by: Ining medication administration that approximately 6:30PM is 43 was administered and by mouth for hypertension. It is a proximately at Client #3 has a diagnosis of a prescribed Clonidine HCL interview with the curse (LPN) on June 28, 2007 at approximately interview with the curse (LPN) on June 28, 2007 at approximately interview with the curse (LPN) on June 28, 2007 at approximately interview mouth for a day and possible medication did drowsiness, sedation and with the staff of the day 3, 2007 at approximately 1:30 client #3 is not able to	pg # 3 W 159	A meeting is scheduled for July? Client #3's Inter-Disciplinary T address the excessive sleeping program and necessary prograwill be made. Mean while, the agreed to add alternative vocatikeep him alert. Client #3 has be for Renal appointment on 0 Urology appointment on 07/25 point an evaluation will be made to his current medication. (See attachment B & C).	g at the day am revisions day program ional tasks to een scheduled 19/12/07 and 5/07. At that	7/25/07

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	
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W 159	dated May 1, 2007 of 2007 at approximate on each day that Cli and was unable to confurther review of the progress note dated 2007 at approximate revealed "the days task was because had different task was #3's sleep logs date 2007 on June 28, 20 revealed entires on to bed at 10:00 PM 10:30 PM, 12:30 AM Interview with the Progressively at approximate Client #3 possibly wat night. There was made aware that the excessively at the discomplete his janitorical. The QMRP failed been effectively train food intake of Client Dinner observation of approximately 5:45 I was self-feeding with a built-up spoon to emashed potatoes, given a self-feeding with a built-up spoon to emashed potatoes, given a self-feeding with a self-feeding with a built-up spoon to emashed potatoes, given a self-feeding with a self-feeding with a built-up spoon to emashed potatoes, given a self-feeding with a sel	thru May 31, 2007 on June 28, ely 1:55 PM revealed entires ient #3 was observed sleeping complete his training program. e Day Program Director's June 5, 2007 on June 29, ely 11:30AM at the facility [Client #3] didn't perform a se was either trying to sleep or performed". Review of Client Ed May 1, 2007 thru May 31, 2007 at approximately 10:55AM each day that Client #3 goes and is generally awake at 1, 2:30AM and 4:30AM. Frogram Director on June 29, ely 10:59 AM revealed that was toileted during those hours no evidence that the IDT was eclient was sleeping ay program and was unable to ital training tasks. If to ensure that all staff had need to monitor/document the ital as evidenced by: On June 28, 2007 at PM revealed that Client #1 th stand by assistance to hold eat a pureed diet of liver	.44 .159 #2	DC Health Care Staff was in-se 13, 2007 on documenting the f Client # 1. The QMRP will weekly basis and the QA	ood intake for monitor on a	07/13/07
	an elevated plateform and water was mixed tumbler. Client #1 was rapidly, however start slow his pace and the	m. Cranberry juice, 1% milk d with thick-it from a plastic vas attempting to eat his food ff gave him verbal cues to be client complied. Interview urance Specialist on June 29,		quarterly. (See Attachment D)	; ; ;	

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE 5 COMPL	
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W 159	2007 at approximat Client #1's fuild inta Review of the Nutri September 5, 2006 approximately 11:3 weighed 98.9 pound Body Weight (IBW) revealed that Client monitored frequentl intake log dated Aprevealed that only Cheing monitored. Tolient's food intake recommended by the 3. The Quality Assuensure that all staff monitor/document the evidenced by:	ately 1:40 PM revealed that ake was being documented. itional Assessment dated on June 29, 2007 at 31AM revealed that Client #1 ands, 12 pounds below his Ideal of 110-120. Further review at #1's food intake should be the fluid/food oril 30, 2007 thru June 28, 2007 Client #1's fluid intake was There was no evidence that the was being monitored as the nutritionist. Urance Specialist failed to f had been effectively trained to the food intake of Client #2 as		159		
W 310	approximately 5:45 was being fed by standard process. Interview with the Quarter June 29, 2007 at approximate Client #2's fuild documented. Review Assessment dated 29, 2007 at approximate Client #2 weigh and that his food interfrequently. Review dated March 31, 200 revealed that only Client's food intake with the commended by the calories with the commended by the calories with the commended by the calories with the calories with the commended by the calories with the calorie	sew of the Nutritional September 5, 2006 on June imately 12:00 PM revealed hed 107 pounds (IBW 95-117) take should be monitored of the fluid/food intake log 207 thru June 29, 2007 Client #2's fluid intake was There was no evidence that the was being monitored as he nutritionist.	Pg #5 W 159 #3	DC Health Care Staff was documenting the food intake July 13, 2007. The QMRP weekly basis and the QA quarterly. (See Attachment D).	of Client #2 on vill monitor on a	07/13/07

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION IG	(X3) DATE S COMPLE	
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W 310	The facility must no interfere with the intactivities. This STANDARD is Based on observation review, the facility fadministered for bloodoes not interfere wone of three clients. The finding includes. The finding includes. Cross refer to W120 medication administered Commedication administered Commedication administered Compertension. Represented Cloniding twice a day for blood interview with the Lient HCL 0.1mg by mouth and possible medication with the staff of the 2007 at approximate with the staff of the 2007 at approximate controls.	t use drugs in doses that dividual client's daily living s not met as evidenced by: on, interview, and record alled to ensure that medication od pressure management with the daily living activities for in the sample. (Client #3). 3. 3. Observation of evening tration on June 28, 2007 at PM revealed that Client #3 clonidine HCL 0.1mg by mouth eview of the medical August 14, 2006 on June mately 1:40PM revealed that mosis of hypertension and is e HCL 0.1mg by mouth for d pressure management. Cense Practical Nurse (LPN) approximately 6:34 PM #3 is prescribed Clonidine th for hypertension twice a day ation side effects included in and insomnia. Interview day program on June 28, ely 1:30 PM, revealed that	W 3	310	Client #3 has been s for Renal appointment on 09/12 Urology appointment on 07/25/07 point an evaluation will be made in to his current medication. (See attachment B & C).	2/07 and	
	janitorial training tas sleepiness during th QMRP on June 28, PM revealed that sh	to complete many of his ks because of his excessive e day. Interview with the 2007 at approximately 7:30 e was made aware on June program staff that Client #3					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPLE	
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	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP COI 903 14TH STREET, SE WASHINGTON, DC 20019		3/200 ;
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 441	had fallen asleep di program progress in May 31, 2007 on Ju 1:55PM revealed er #3 was observed slicomplete his trainin the Day Program Di June 5, 2007 on June 11:30AM at the facii #3] didn't perform a either trying to sleep performed". Review dated May 1, 2007 at approximation each day that Cl PM and is generally 12:30AM, 2:30AM at the Program Direct approximately 10:50 possibly was toileted. There was no docur substantiate that me interfere with the clical 483.470(i)(1) EVAC. The facility must howaried conditions. This STANDARD is Based on staff intermed conditions. The finding includes On June 28, 2007 areview of fire drill readers.	uring training. Review of day notes dated May 1, 2007 thru une 28, 2007 at approximately ntires on each day that Client leeping and was unable to ag program. Further review of pirector's progress note dated ane 29, 2007 at approximately ility revealed " the days [Client at task was because he was por a different task was w of Client #3's sleep logs thru May 31, 2007 on June 28, tely 10:55AM revealed entires lient #3 goes to bed at 10:00 y awake at 10:30 PM, and 4:30AM. Interview with or on June 29, 2007 at 9 AM revealed that Client #3, and during those hours at night, mented evidence to edication administered did not ients' daily living activities. CUATION DRILLS and evacuation drills under	W 31	QMRP met with day program 29, 2007 and July 12, 2007 to n # 3's progress in reference to sleeping. The day program a alternative vocational tasks, so variety in activities, which whim to be alert at all times. continue to monitor the day pweekly basis. (See attachment A).	his excessive agreed to add that there is vill encourage QMRP will	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/09/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-03913 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G172 06/29/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE D C HEALTH CARE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 441 Continued From page 7 W 441 year, staff had not practiced exiting through all five egresess of the facility. Most fire drills were DC Health Care staff was in-serviced on July Pg # 8 conducted via the front, back and side exits. W 441 13, 2007 on holding evacuation drills under There was no evidence that evacuation drills varied conditions and to utilize all egresses were being held under varied conditions. when exiting the facility. (See Attachment E).

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G172 06/29/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE D C HEALTH CARE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1000 INITIAL COMMENTS 1000 A recertification survey was conducted from June 28, 2007 thru June 29, 2007. The survey was initiated using the fundamental survey process; however, as a result of the review of unusual incident reports and interviews, it was decided to extend the survey process in the area of Client Protections. A random sample of three residents was selected from a resident population of six males with various disabilities. The survey findings were based on observations in the group home and two day programs, and interviews with residents, residential, day program, nursing and administrative staff. Review of records, including investigations of unusual incidents was also conducted. 1053 3502.11 MEAL SERVICE / DINING AREAS 1053 Each GHMRP shall provide adequate staff in dining rooms to direct self-help dining procedures and to assure that each resident receives enough food. This Statute is not met as evidenced by: Based on interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services for two of three clients in the sample. (Resident #1 and #2) The findings include: 1. The QMRP failed to ensure that all staff had been effectively trained to monitor/document the food intake of Resident #1 as evidenced by: Dinner observation on June 28, 2007 at approximately 5:45 PM revealed that Resident#1

Health Regulation Administration

Graney Styphen

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE President

(X6) DATE

7/17/0

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Health Regulation Administration

STATEMENT	OF DEFICIENCIES
AND PLAN OF	F CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

09G172

B. WING_

06/29/2007

NAME OF PROVIDER OR SUPPLIER

D C HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

903 14TH STREET, SE

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1 053	Continued From page 1	1 053		
	was self- feeding with stand by assistance a built-up spoon to eat a pureed diet of himashed potatoes, greens and jello puddia high-sided plate with a plate guard that an elevated plateform. Cranberry juice, 1 and water was mixed with thick-it from a tumbler. Resident #1 was attempting to food rapidly, however staff gave him vert to slow his pace and the resident complied Interview with the Quality Assurance Speculum 29, 2007 at approximately 1:40 PM that Resident #1's fuild intake was being documented. Review of the Nutritional Assessment dated September 5, 2006 of 29, 2007 at approximately 11:31AM revet that Resident #1 weighed 98.9 pounds, 1 pounds below his Ideal Body Weight (IBN 110-120). Further review revealed that Review of the fluid/food intake log dated 2007 thru June 28, 2007 revealed that or resident #1's fluid intake was being monit. There was no evidence that the resident intake was being monitored as recomme the nutritionist.	ver, ing from was on % milk plastic eat his bal cues ed. ecialist on revealed n June ealed 2 (V) of esident quently. April 30, hly tored. s food	DC Health Care Staff was in-serviced on July 13, 2007 on documenting the food intake for Client # 1. The QMRP will monitor on a weekly basis and the QA will monitor quarterly. (See Attachment D)	07/13/07
	2. The Quality Assurance Specialist failed ensure that all staff had been effectively to monitor/document the food intake of Residenced by: Dinner observation on June 28, 2007 at approximately 5:45 PM revealed that Residual was being fed by staff eat his prescribed calorie, high fiber, low fat, low cholesterol Interview with the Quality Assurance Spe June 29, 2007 at approximately 1:50 PM	rained to ident #2 2. sident #2 1800 diet. cialist on	DC Health Care Staff was in-serviced on documenting the food intake of Client #2 on July 13, 2007. The QMRP will monitor on a weekly basis and the QA will monitor quarterly.	07/13/07
	that Resident #2's fuild intake was being documented. Review of the Nutritional Assessment dated September 5, 2006 or		(See Attachment D)	

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Health Regulation Administration

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	09G172	B. WING	06/29/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

D C HEALTH CARE

903 14TH STREET, SE WASHINGTON, DC 20019

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 053	Continued From page 2	1 053		
	29, 2007 at approximately 12:00 PM revealed that Resident #2 weighed 107 pounds (IBW 95-117) and that his food intake should be monitored frequently. Review of the fluid/food intake log dated March 31, 2007 thru June 29 2007 revealed that only Resident #2's fluid into was being monitored. There was no evidence that the resident's food intake was being monitored as recommended by the nutritionis	d 9, take e		
l 401	3520.3 PROFESSION SERVICES: GENERA PROVISIONS	L 1401	·	
	Professional services shall include both diagnand evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.			
	This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that medica administered for blood pressure management does not interfere with the daily living activities one of three residents in the sample. (Resider #3).	t s for		
	The finding includes:	8		
	Cross refer to W120. Observation of evening medication administration on June 28, 2007 a approximately 6:30PM revealed that Resident was administered Clonidine HCL 0.1mg by more for hypertension. Review of the medical assessment dated August 14, 2006 on June 29,2007 at approximately 1:40PM revealed the Resident #3 has a diagnosis of hypertension as prescribed Clonidine HCL 0.1mg by mouth the second resident was a second resident with the second resident was a diagnosis of hypertension as the second resident was a diagnosis of hypertension was a diagnosis of hypertension was a diagnosis of hypertension was a d	at		
	twice a day for blood pressure management.			

Health Regulation Administration

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G172 06/29/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE D C HEALTH CARE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1401 Continued From page 3 I 401 Interview with the License Practical Nurse (LPN) on June 28, 2007 at approximately 6:34 PM A meeting is scheduled for July 24, 2007 with revealed that Resident #3 is prescribed Clonidine Client #3's Inter-Disciplinary Team (IDT) to 7/24/01 HCL 0.1mg by mouth for hypertension twice a address the excessive sleeping at the day day and possible medication side effects included program and necessary program revisions: drowsiness, sedation and insomnia. Interview will be made. Mean while, the day program with the staff of the day program on June 28, 9/12/07 agreed to add alternative vocational tasks to 2007 at approximately 1:30 PM, revealed that keep him alert. Client #3 has been scheduled Resident #3 is not able to complete many of his for Renal appointment on 09/12/07 and janitorial training tasks because of his excessive Urology appointment on 07/25/07. At that sleepiness during the day. Interview with the point an evaluation will be made in reference QMRP on June 28, 2007 at approximately 7:30 to his current medication PM revealed that she was made aware on June 1, 2007 by the day program staff that Resident #3 (See attachment B & C). had fallen asleep during training. Review of day program progress notes dated May 1, 2007 thru May 31, 2007 on June 28, 2007 at approximately 1.55PM revealed entires on each day that Resident #3 was observed sleeping and was unable to complete his training program. Further review of the Day Program Director's progress note dated June 5, 2007 on June 29, 2007 at approximately 11:30AM at the facility revealed " the days [Resident #3] didn't perform a task was because he was either trying to sleep or a different task was performed". Review of Resident #3's sleep logs dated May 1, 2007 thru May 31, 2007 on June 28, 2007 at approximately 10:55AM revealed entires on each day that Resident #3 goes to bed at 10:00 PM and is generally awake at 10:30 PM, 12:30AM, 2:30AM and 4:30AM. Interview with the Program Director on June 29, 2007 at approximately 10:59 AM revealed that Resident #3, possibly was toileted during those hours at night. There was no documented evidence to substantiate that medication administered did not interfere with the resident' daily living activities.

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06/29/2007

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903 14TH STREET, SE WASHINGTON, DC 20019

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l 454	Continued From page 4	1 454		
1 454	3521.9 HABILITATION AND TRAINING	I 454		
	Each GHMRP, in addition to the above provisions, shall assist each resident in obtaining placement in an appropriate educational, employment, or daytime training program; Provided, that the placement shall be consistent with the resident 's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services for three of three clients in the sample. (Resident #1, Resident #2 and Resident #3) The findings include: 1.Cross refer to W120. The QMRP failed to inform Resident #3's Inter-Disciplinary Team (IDT) that he was sleeping excessively in the day program as evidenced by: Observation of evening medication administration on June 28, 2007 at approximately 6:30PM revealed that Resident #3 was administered Clonidine HCL 0.1mg by mouth for hypertension. Review of the medical assessment dated August 14, 2006 on June 29,2007 at approximately 1:40PM revealed that Resident #3 has a diagnosis of hypertension and is prescribed Clonidine HCL 0.1mg by mouth for twice a day for blood pressure management. Interview with the License Practical Nurse (LPN) on June 28, 2007 at approximately 6:34PM revealed that Client #3 is prescribed Clonidine HCL 0.1mg by mouth for hypertension twice a day and that one of the medications possible side effects is drowsiness. Interview with the staff of the day program on June 28, 2007 at approximately 1:30 PM,	1-	A meeting is scheduled for July 24, 2007 with Client #3's Inter-Disciplinary Team (IDT) to address the excessive sleeping at the day program and necessary program revisions will be made. Mean while, the day program agreed to add alternative vocational tasks to keep him alert. Client #3 has been scheduled for Renal appointment on 09/12/07 and Urology appointment on 07/25/07. At that point an evaluation will be made in reference to his current medication. (See attachment B & C).	

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FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G172 06/29/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE D C HEALTH CARE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) 1 454 Continued From page 5 1454 revealed that Resident #3 is not often able to complete any of his janitorial training tasks because of his excessive sleepiness during the day. Further interview revealed that in early June, the facility's QMRP was verbally made aware that Resident #3 was sleeping excessively while at the day program. Interview with the QMRP on June 28, 2007 at approximately 7:30 PM revealed that she was made aware on June 1, 2007 by the day program staff that Resident #3 had fallen asleep during training. Further interview revealed that she did not make the IDT aware that Resident #3 was sleeping excessively at the day program and was unable to complete his janitorial training tasks. Review of day program progress notes dated May 1, 2007 thru May 31, 2007 on June 28, 2007 at approximately 1:55PM revealed entires on each day that Resident #3 was observed sleeping and was unable to complete his training program. Further review of the Day Program Director's progress note dated June 5, 2007 on June 29, 2007 at approximately 11:30AM at the facility revealed "the days [Resident #3] didn't perform a task was because he was either trying to sleep or a different task was performed". Review of Resident #3's sleep logs for the month of May on June 29, 2007 revealed that Resident #3 is generally awake at 10:30PM, 12:30AM, 2:30AM

2. The QMRP failed to ensure that all staff had been effectively trained to monitor/document the food intake of Resident #1 as evidenced by:

and 4:30AM. There was no evidence that the IDT was made aware that the client was sleeping excessively at the day program and was unable

to complete his janitorial training tasks.

Dinner observation on June 28, 2007 at approximately 5:45 PM revealed that Resident#1

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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

09G172

B. WING _

06/29/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

D C HEALTH CARE

903 14TH STREET, SE WASHINGTON, DC 20019

WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 454	Continued From page 6	T 454		-
	was self- feeding with stand by assistance to hold a built-up spoon to eat a pureed diet of liver, mashed potatoes, greens and jello pudding from a high-sided plate with a plate guard that was on an elevated plateform. Cranberry juice, 1% milk and water was mixed with thick-it from a plastic tumbler. Resident #1 was attempting to eat his food rapidly, however staff gave him verbal cues to slow his pace and the resident complied. Interview with the Quality Assurance Specialist on June 29, 2007 at approximately 1:40 PM revealed that Resident #1's fuild intake was being documented. Review of the Nutritional Assessment dated September 5, 2006 on June 29, 2007 at approximately 11:31AM revealed that Resident #1 weighed 98.9 pounds, 12 pounds below his Ideal Body Weight (IBW) of 110-120. Further review revealed that Resident #1's food intake should be monitored frequently. Review of the fluid/food intake log dated April 30, 2007 thru June 28, 2007 revealed that only resident #1's fluid intake was being monitored. There was no evidence that the resident's food intake was being monitored as recommended by the nutritionist.		DC Health Care Staff was in-serviced on July 13, 2007 on documenting the food intake for Client # 1. The QMRP will monitor on a weekly basis and the QA will monitor quarterly. (See Attachment D)	07/13/07
	3. The Quality Assurance Specialist failed to ensure that all staff had been effectively trained to monitor/document the food intake of Resident #2 as evidenced by: Dinner observation on June 28, 2007 at approximately 5:45 PM revealed that Resident #2 was being fed by staff eat his prescribed 1800 calorie, high fiber, low fat, low cholesterol diet. Interview with the Quality Assurance Specialist on June 29, 2007 at approximately 1:50 PM revealed that Resident #2's fuild intake was being documented. Review of the Nutritional Assessment dated September 5, 2006 on June tion Administration	3.	DC Health Care Staff was in-serviced on documenting the food intake of Client #2 on July 13, 2007. The QMRP will monitor on a weekly basis and the QA will monitor quarterly. (See Attachment D).	07/13/07